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04743 7590 12/20/2004

MARSHALL, GERSTEIN & BORUN LLP
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Sharon M. Sintich	(Depositor's name)
<i>Sharon M. Sintich</i>	(Signature)
March 18, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/809,524	03/15/2001	David E. Lowery	28341/6114.N	4519

TITLE OF INVENTION: SALMONELLA VACCINE MATERIALS AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NAVARRO, ALBERT MARK	1645	424-093100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- Pharmacia & Upjohn
- Company
- Thomas A. Wootton

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PHARMACIA & UPJOHN COMPANY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kalamazoo, Michigan

03/22/2005 MBELETE2 00000052 09809524

01 FC:1501
02 FC:1504
03 FC:80011400.00 OP
300.00 OP
36.00 OPPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 12

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-2855 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

*Sharon M. Sintich*Date March 18, 2005Typed or printed name Sharon M. SintichRegistration No. 48,484

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